

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO. <i>10669768</i>	FILING DATE				
								APPLICANT(S)					
								CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1								51					
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48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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